

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: AUTUMN LIVING NORTH (0010951)

Address: 12850 12860 W EUCLID AVE, NEW BERLIN, WI 53151

License Status: REGULAR

Licensed/Certified/Registered 02/01/2006

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095260 **End Date:** 07/22/2005 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Survey ID: 0095319 **End Date:** 07/21/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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Complaint History

Date Complaint Received: 07/07/2005

Date Investigation Completed: 07/21/2005

Subject Area(s)

ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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